

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Clark Memorial HospitalCity: Jeffersonville County: Clark Year: **2004**

Provider Type: General Acute Hospital

| I. Inpatient Care | | | | |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Hospital Service Description | Number of Set Up Beds | Number of Discharges | Number of Patient Days | Average Charge Per Discharge |
| Burn Care | 0 | 0 | 0 | \$0 |
| Cardiac Intensive | 0 | 0 | 0 | \$0 |
| ICU Med/Surg | 34 | 1,405 | 8,027 | \$4,871 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 135 | 8,888 | 34,683 | \$1,392 |
| Neonatal Intermed | 0 | 0 | 0 | \$0 |
| Obstetrics | 0 | 0 | 0 | \$0 |
| Pediatric | 0 | 0 | 0 | \$0 |

| | | | | |
|-----------------|-----|--------|--------|---------|
| Psychiatric | 0 | 0 | 0 | \$0 |
| Rehabilitation | 20 | 417 | 3,639 | \$4,705 |
| Substance Abuse | 0 | 0 | 0 | \$0 |
| Swing Beds | NA | 0 | 0 | \$0 |
| Other Services | 20 | 0 | 387 | NA |
| Acute Subtotal | 209 | 10,710 | 46,736 | NA |
| Normal Newborn | 17 | 1,595 | 3,665 | \$984 |

| II. Outpatient Visits | | | |
|--|--------|---------------------|---------|
| Circulatory System | 5,218 | Digestive System | 6,076 |
| Endocrine System | 4,904 | Injuries and Poison | 19,579 |
| Mental Disorder | 3,720 | Musculoskeletal | 14,930 |
| Neoplasms | 3,490 | Nervous | 3,700 |
| Respiratory | 6,124 | Urinary | 9,470 |
| Other/Unknown | 71,202 | Total Visits | 148,413 |
| | | | |
| Number of Visits to Emergency Department | | | 37,560 |
| Percent of Emergency Department Visits of Total Visits | | | 25.3% |

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

| | | |
|---------------------------------|----------------------------|----------------------------|
| N - Ambulance Service (Owned) | Y - Alcohol/Drug Service | Y - Anesthesia Services |
| N - Audiology | Y - Blood Bank | N - Cardiac Cath Lab |
| N - Cardiac-Thoracic Surgery | N - Chemotherapy Service | N - Chiropractic Service |
| N - CT Scanner | N - Dental Service | Y - Dietetic Service |
| N - Extracorporeal Lithotripter | N - Gerontological Service | Y - Home Health Service |
| N - Hospice | Y - Laboratory Anatomical | Y - Laboratory Clinical |
| N - Magnetic Resonance (MRI) | N - Neonatal Nursery | N - Neurosurgical Service |
| Y - Nuclear Medicine | Y - Occupational Therapy | Y - Operating Room |
| N - Ophthalmic Surgery | N - Optometric Service | N - Organ Bank |
| N - Organ Transplant | N - Orthopedic Surgery | Y - Pharmacy |
| Y - Physical Therapy | N - PET Imaging | Y - Postoperative Recovery |
| N - Psychiatric Emergency | N - Psychiatric Child | N - Psychiatric Forensic |
| N - Psychiatric Geriatric | Y - Radiology Diagnostic | Y - Radiology Therapeutic |
| N - Reconstructive Surgery | Y - Respiratory Care | N - Rehab Inpat CARF |
| N- Rehab Inpat Non CARF Acc | N- Rehab Outpatient | Y- Renal Dialysis |

| | | |
|-------------------------|-----------------------------|-----------------------------|
| Y - Social Services | Y - Speech Pathology | Y - Surgical Inpatient |
| Y - Surgical Outpatient | N - Trauma Center Certified | N - Transplant Cnt Medicare |
| N - Urgent Care Center | | |

| | | | | | |
|------|----------------|-------|----------------------|------|--------------|
| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|